

# A mentorship project: promoting emotional competence in nursing students

## Summary

**INTRODUCTION.** Young students' transition to higher education is a particularly challenging and a stressful event, likely to trigger emotions that can potentially affect their adaptation to a new and more demanding learning environment. This issue has been a focus of growing interest for researchers involved in mentorship programmes developed by higher education institutions, which are intended to contribute to a healthy integration of students and, consequently, promote academic inclusion and success. This project intends to understand the role of mentorship in promoting emotional competence and well-being of nursing students.

**METHODS.** A research project of qualitative nature, with an analytical focus, using a sociopoetic approach. Participants will be nursing professors and students (second-year of the undergraduate degree) recruited from several public and private, Portuguese and Brazilian, nursing schools. The methodological procedure includes the creation of negotiation and data production workshops, data content analysis, counter-analysis workshop and socialisation of data production.

**CONCLUSIONS.** We hope with this study to strengthen the relationship established with the mentor may constitute a healthier and more adaptative emotional experience, and potentiate generalization to other social contexts, improving daily life interpersonal skills and promoting emotional competence, essential to personal and professional development. This study will enable the development of the mentorship process in the higher education institutions involved in this type of project, grounded on the mentorees' abilities to learn easily, to increase their socialisation and their networks, to develop feelings of organizational citizenship, to potentiate satisfaction with work and career, to improve their self-efficacy and reduce their stress levels.

**KEYWORDS:** MENTORSHIP; NURSING; STUDENTS; EMOTIONS; PROFESSIONAL COMPETENCE.

## Introduction

Newly admitted higher nursing education students face a highly different environment from that of high school, often triggering different emotions and high levels of stress<sup>1</sup>. The academic environment and culture are unique for each higher education institution. Students have to face new routines and rules, experience changes in their lifestyles and must be able to respond to the increasing demands typical of modern societies' contexts and

## Authors

JOSÉ VILELAS: Escola Superior de Saúde da Cruz Vermelha Portuguesa, Unidade de Investigação & Desenvolvimento em Enfermagem.

E-mail: jvilelas@esscvp.eu

PAULA DIOGO: Escola Superior de Enfermagem de Lisboa, Unidade de Investigação & Desenvolvimento em Enfermagem.

JOSÉ CARLOS CARVALHO: Escola Superior de Enfermagem do Porto (Nursing School of Porto), CINTESIS – Center for Health Technology and Services Research.

CLAUDIA TAVARES: Universidade Federal Fluminense, Unidade de Investigação & Desenvolvimento em Enfermagem.

DULCE SANTIAGO: Escola Superior de Saúde do Instituto Politécnico de Beja, Unidade de Investigação & Desenvolvimento em Enfermagem.

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of the labour market<sup>2,3</sup>. Thus, it is common for these students to experience anxiety, as they are constantly striving for success<sup>4</sup>. In addition, feelings of isolation, low self-esteem and frustration add more complexity to these situations<sup>3</sup>.

Concerning the emotional experience of nursing students in clinical practice, a study conducted by Diogo, Rodrigues, Sousa, Martins and Fernandes<sup>5</sup> identified the emotionally intense situations requiring a particular approach on emotional support: integration period, facing suffering and death of a patient, construction of the relationship with the patient, nursing procedures, the emotional condition of the student, conflicts, and assessment. The integration period is one of the most mentioned events, during which experiences are characterized by concern, anxiety, insecurity/lack of confidence, sadness, and also fear and stress. These emotionally intense experiences of stress, emotional burnout, often disturbing and with a negative emotional connotation are likely to harm the health and inter-

nal balance of the students, particularly when they are sufficiently mature and their personality traits enable them to relate and feel empathy towards the persons involved.

These enduring emotionally intense situations can lead students to become highly depressive, obsessive-compulsive, and even develop psychotic psychopathology. In a study performed by Sequeira, Carvalho, Borges and Sousa<sup>6</sup>, findings suggest that feelings of sadness, tension, anxiety, nervousness, and depression are present amongst nursing students, confirming the need for targeted mental health promotion programmes.

The mentorship programmes developed in higher education institutions contribute to a healthier integration of students and, consequently, to a better social and academic success. Mentorship contributes to the development of positive learning perceptions by students<sup>7</sup>. The concepts of tutorship and supervision are different from mentorship, as the latter refers to a person who helps other understanding the system and offers guidance empowering the other to be successful within the organization<sup>8</sup>. Orientation is comparable to leadership, management and learning<sup>9</sup>. Orientation is part of the leader's role, focused on helping the other grow, in this case, enabling students to develop their own academic or professional path<sup>8,10</sup>. The mentor should nurture the students so that they are able, on the one hand, to more efficiently reach their potential<sup>8,11</sup> and on the other hand to facilitate the development of educational and academic competencies<sup>3,8</sup>.

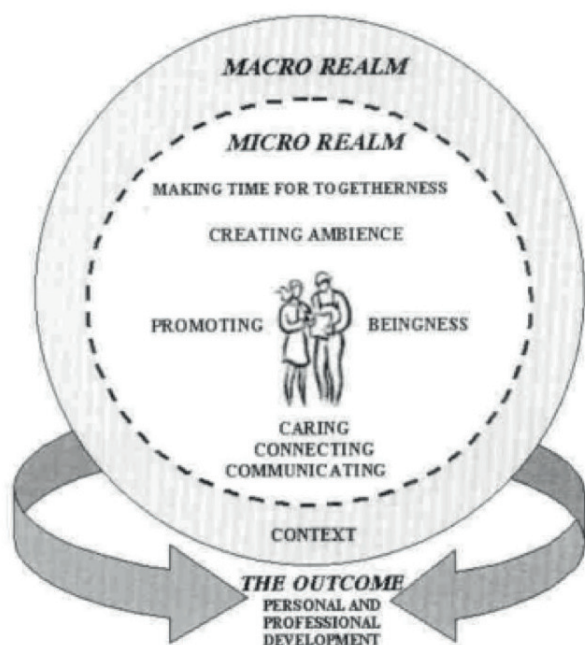
In sum and in what education is concerned, a tutor is a person who contributes to learning within a philosophy of teaching. The mentor has a more extended role, less focused on the teaching itself and more directed at the personal and professional guidance of the student as a whole<sup>12,13</sup>.

If the mentor acts as a facilitator, it is most likely that the students come to him/her for guidance<sup>14</sup>. The positive outcomes of the mentorship programme will provide students with a sense of fulfillment, self-confidence and

encouragement to repeat the same strategy in other similar situations throughout their academic path and personal life<sup>15</sup>. The mentor can work with the students through individual action plans to enhance self-esteem, as a way of increasing resilience. By working with the student, the mentor can help and provide guidance on available resources. Students need to feel valued and the reason why they do not often access the academic resources is that they do not know they exist or because of lack of information on confidentiality issues<sup>16</sup>.

Mentorship seems to be a beneficial approach to manage inadequate academic skills, lack of social and academic resources and anxiety faced by nursing students. Mentorship can also reduce school dropouts and increase success rates in nursing students<sup>17</sup>. The idea underlying a mentorship programme is to provide nursing students with an experienced nursing professor able to help them cope with the various transitions they will experience until they become nurses. The experienced mentor can work both as a role model and instructor and, especially during the first six weeks, work very closely with the student. However, this should be a long-term relationship, developed through four stages in time, from several months to several years<sup>18</sup>.

Thorpe and Kalischuk<sup>19</sup> developed a mentorship model that focuses on assistential aspects involved in the mentorship relationship, promoting trustworthy and open interactions between the mentor and the student (figure 1). This model identifies two contexts: macro and micro. The macro domain focuses on external factors that have an impact on mentorship relationship and includes social, political, and cultural aspects of the institution where it occurs. The micro domain refers to intrinsic factors of the relationship, such as the time,



(Thorpe & Kalischuk, 2003)

Figure 1. Mentorship model according to Thorpe & Kalischuk<sup>19</sup>

the environment in which the relationship grows, presence, as well as caregiving, connection, and communication between mentor and mentoree.

The original concept of mentorship is a transformational relationship through which a person (mentor) influences the cognitive, social, or emotional development of another person (mentoree). Mentorship brings significant benefits for all parties involved: mentor, mentoree and institution. Mentorees can learn easier, enhance their socialisation processes, their networks, their sense of organisational citizenship, satisfaction with work and self-efficacy and also reduce stress levels.

Nursing education should not be limited to technical and scientific progress, but also focus on the student's personal development by empowering him/her with all the skills, particularly the relational competence<sup>20</sup>; it is not possible to isolate the cognitive, social, affective and emotional dimensions when we intend to clarify the factors that mediate the learning nursing care process.

The emotional dimension, like the others, is also essential for nursing students striving for success, going through complex experiences, thoughts, and emotions, which they need to learn how to manage. The analysis on care as a relational process, embedded with emotions and feelings<sup>21</sup> becomes an exciting goal, because every act of caring triggers an emotional response<sup>22</sup>. According to Watson<sup>23</sup>, emotions are a key-element to establish the connection of the nurse with the Being (body and soul) of the patient. Thus, this relationship becomes an enriching experience for both nurse and patient alike, helping them to grow and mutually learn. In this way, nursing care is a human-to-human process of caring<sup>23</sup>, with an intense emotional component.

The caregiving experience, in different clinical contexts, places nursing students in close connection with patients, establishing a relationship that implies the mobilisation of their emotions, which can often trigger discomfort feelings. Caregiving, particularly in end-of-life, can highly increase the students' need for emotional<sup>24</sup>. These experiences bring the student a sense of powerlessness, inability to manage their own emotions, as well as feelings of abandonment and guilt<sup>24</sup>. Thus, monitoring the emotional needs of students is fundamental, and the mentor working closest to the student, plays a key-role in identifying these needs and in understanding that emotional responses may not be solely confined to relationships with patients, but also be a result of relationships established with colleagues and families<sup>25</sup>. Notwithstanding, these students' experiences and needs require educators to work on the development of emotional competencies. Bisquerra<sup>26</sup> defines emotional competence as the set of knowledge, skills, abilities and attitudes required to understand, express and appropriately balance the emotional phenomenon.

This emotional competence can be enhanced through a mentorship relationship. Students that have close and long-lasting mentorship relationships are very likely to achieve more positive academic outcomes, to build stronger social relationships, and show higher self-esteem. These relationships help students in their growing and learning processes increasing their resilience. The mentors' guidance also enables students to regulate their own external emotions. By providing students with help and the opportunity to engage in discussions, mentors are themselves a resource and an external source for the management of emotions. Through co-regulation of emotions, mentors are able to help students integrate different ways of adapting to the emotions they experience<sup>27</sup>.

### Problem statement

Nursing students often experience emotional burnout and disruptive expe-

riences potentially harmful for their health and internal balance, alongside with having to deal with their own internal frailties, conditioned by their personal life processes and personality development. Intense and negative emotional experiences are very likely to undermine the academic performance of nursing students, as well as the teaching-learning process. This study set out to investigate the mentorship strategies targeted at the orientation and support of nursing students during their undergraduate degree courses, for the promotion of their emotional well-being and resilience, with the purpose of developing emotional competencies, which are essential for the academic success and for the future professional career.

The purpose of this study is to contribute to the design of a mentorship programme and its implementation in the undergraduate degree in nursing, aligned with the higher education institutions involved.

### Methods

This is a research project of qualitative nature, with an analytical focus, using a sociopoetic approach. Sociopoetics provides a different approach to the experience of scientific research as a dialogic form of research, so that the object of study is not dissociated from the reality of the research group. It is considered a social practice of knowledge production that emphasises the importance of the body in the construction of the imaginary, which is the basis for abstraction; the importance of dominated cultures, categories and emerging concepts; the role of artistic creativity in knowledge construction; the role of the research subjects as co-responsible for the produced knowledge and the importance of spiritual, human meaning and the forms and content of knowledge<sup>28,29,30</sup>.

Another singularity of sociopoetics is the production of knowledge as a group action. Thus, the involve-



ment of subjects in research is reinforced, from the negotiation of the issue of research to the interpretation/theorisation of data.

The process of a sociopetics research is divided into production and data analysis workshops by co-researchers, with a duration of 40 hours; after this stage, the facilitator (formal researcher) analyses each technique (at least two techniques are used), searching for categories that translate the group's idea about the theme. After that, the facilitator delivers these data to co-researchers, in a more synthetic, literary, and communicative way, like poetry, for example. That moment is called counter-analysis and allows co-researchers to know, confirm, rectify, re-examine and, especially, oppose to the facilitator's ideas, adding more accuracy to self-reflections. Finally, a philosophical analysis is performed, usually about the analysis<sup>30</sup>.

### Participants

The co-participant subjects of this study will be professors and students from three public nursing schools, one private school and two Brazilian universities. Inclusion criteria were defined: second-year students of the undergraduate degree in nursing, with no other previous degree; students must have attended the first academic year in the same institution. Students and professors that meet the inclusion criteria will be first contacted by telephone and will be invited to participate in the negotiation workshop.

In sociopoetics, research is developed by a group constituted by the facilitator (formal researcher) and co-researchers. The group must include a maximum of twenty co-researchers.

### Procedures

a) The first moment is the negotiation workshop and the creation of the research group. In this workshop, the researchers will present their knowledge production proposal to a possible subject, as well as an explanation on sociopoetics. A "contract of interaction" will be produced, and participants will be asked to sign a written informed consent for recording of sound and image; finally, a generating theme will be negotiated. The facilitator will present the group a "diary of itinerance" where everyone can express their feelings at any time during the sessions, and can assume a poetic form. The researchers will invite the participants to join the research group and to collectively construct knowledge about the generating theme – Mentorship in Nursing.

b) The second moment involves data production workshops. Each workshop will include two moments. During the first one, a relaxation activity is performed, to allow the group to focus on the research question. Next, data production itself begins, through techniques like painting, drawing, collage or by using the research technique "Experience of Geomythical Places"- considering the question: If this higher nursing school was a geomythical place, what would it be like? After daily production, each co-researcher will verbally present his/her production, discussing, and correlating it with the research theme: mentorship in nursing.

c) The third moment is developed with the research group with the analysis and experimentation of data workshop. The plastic material as transcripts will be returned to the research group so that the participants can discuss all the produced material. In this phase, it is expected that the group reflects on all its constitutive elements, what was experienced throughout life and that can now be used as a referential for analysis. Everything that the group produces in this moment of analysis will also be recorded and transcribed into the research report, next to the analysis of the formal researcher. In a second moment, the verbal production of the group is analysed to maximise the possibilities of meaning production. The analysis techniques of verbal mate-

rial proposed by sociopetics are: classificatory analysis, transversal, and philosophical studies. In the end, the philosophical study is intended to relate the meanings produced by the group with conventional philosophical/scientific thinking, allowing the understanding of points of convergence, complementarity, or opposition<sup>31</sup>.

d) The fourth moment is data counter-analysis workshop in which the researcher will present the analysis performed to the research-group so that the group can assess it, providing an opportunity to accept, change or reject the analysis and propose a counter-analysis.

e) The last moment is the socialisation of research. The researcher will officially end the process and publish the work and will discuss a proposal of socialisation of knowledge that involves the group. It can be a theatrical play, poetry, music, exhibition of plastic production, among others.

### Conclusions

We hope with this study to mentorship is widely regarded as a method that facilitates the development of several life dimensions. The basis of mentorship is a transformational relationship in which an experienced and empathic person, the mentor, guides, supports and influences other, the mentoree, at personal and professional developmental levels, by establishing an interaction, supported by trust and comprehension. Its main focus is not specifically on problem-solving but rather to help students develop the competencies required to meet their goals. This mentorship project is expected to ease the students' integration in the academic life, enhancing their personal and interpersonal development, as well as their autonomy throughout the learning process, and thus maximize the teaching-learning experience.

In this sense, the aim is that the mentors provide moments for dis-

cussion, working directly with the students, guiding them, and facilitate access to the various support resources. These programmes will enable the development of mentorship projects in higher education institutions, improving the mentorees learning processes, enhancing their socialisation, their relationship networks, their sense of organizational citizenship, satisfaction with work and career, as well as self-efficacy and help to reduce stress levels. Similarly, positive outcomes are also expected in the case of the professors involved in these programmes, since they will be able to have more knowledgeable information about their students and therefore work on the definition of new paths, taking into account the students' real expectations, their potential and limitations.

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